// DECLARATION FORM //

While seeking admission in Maharaja Suhel Dev Autonomous State Medical College & Maharishi Balark Hospital, Bahraich, Uttar Pradesh, I hereby declare that the records and documents which have been submitted by me to your office are true to the best of my knowledge. In case of any discrepancies found in my documents submitted, my admission is liable to cancelled and I will have no right to claim for the refund of fees deposited by me.

I shall abide by the directives regarding the discipline and am also prepared to pay fee if and when it is revised by the Govt. of U.P.

Signature :-…….

Full Name of Student ……

Full Address:- (Correspondence) Full Address:- (Permanent)